

PART B—ISSUE FEE TRANSMITTAL

242 - 645.00
561 - 30.00

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

AUG 1 1 1997
MAIL DATE CANCELLER
PATENT & TRADEMARK OFFICE
DANIEL J. MEANEY JR
P O BOX 22307
SANTA BARBARA CA 93121

65905
AUG 08 1997
33MTC 0512

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME N/A

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

 Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/611,642	03/06/96	033	GETZOW, S	3305 05/12/97
First Named Applicant SHEPARD,		FRANZISKA		

TITLE OF INVENTION MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	5483-413416/	128-897.000	M83	UTILITY	YES	\$645.00	08/12/97

09/18/1997 SHOPPER 00000087 08611642
01 FC:242 645.00 0P
02 FC:561 30.00 0P

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Daniel J. Meaney, Jr.

2 _____

3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

(2) ADDRESS: (CITY & STATE OR COUNTRY)

A. This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

 Issue Fee Advance Order - # of Copies 10

6b. The following fees should be charged to: \$645+\$30=\$675

DEPOSIT ACCOUNT NUMBER _____

(ENCLOSE PART C)

 Issue Fee Advance Order - # of Copies _____ Any Deficiencies in Enclosed Fees _____

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Daniel J. Meaney, Jr.

(Date)

8/8/97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

DANIEL J. MANNY JR.
P.O. BOX 35393
SANTA BARBARA, CA 93143

on _____
(Date)

REVERSE PTOL 85B 201 200 033 080 040 0180
(Name of person making deposit) DANIEL J. MANNY JR.

(Signature) DANIEL J. MANNY JR. REVERSE PTOL 85B DOCUMENTATION SYSTEM METHOD

REVERSE PTOL 85B (Date)

REVERSE PTOL 85B Note: If this Certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

REVERSE PTOL 85B 00000000 00000000 00000000
00000000 00000000 00000000
00000000 00000000 00000000

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.